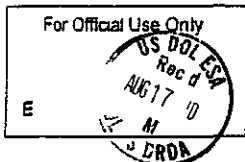


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|---|
| 1 File Number U <u>9049</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004 |
| 3 Name and address of person filing Name <u>Charles</u> <u>Krass</u> P O Box Bldg Room No if any _____ Street <u>37 Ridge Rd</u> City <u>Dobbs Ferry</u> State <u>New York</u> ZIP Code + 4 <u>10522</u> | 4 Name file number and address of labor organization Name <u>Enterprise Assn of Steamfitters Local 638</u> Labor Organization File Number <u>035-070</u> P O Box Building and Room Number if any _____ Street <u>32-32 48th Avenue</u> City <u>Long Island City</u> State <u>New York</u> ZIP Code + 4 <u>11101</u> |
| 5 Position in labor organization <u>Business Agent</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

| | |
|---|---|
| 6 Name and address of Employer (including trade name if any) Name <u>Steamfitters Industry Welfare Fund</u> Trade Name, if any _____ P O Box, Bldg Room No if any _____ Street <u>5 Penn Plaza 19th Floor</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10001-1887</u> | 7 a. Nature of Interest, Transaction or Income. <u>Payment of registration and hotel room expenses for educational conference in connection with my position as Benefit Fund trustee</u> 7 b Amount <u>\$1 310</u> |
|---|---|

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Charles R Krass On (718) 392-3420
Date Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Colleran O Hara and Mills LLP
Trade Name if any
P O Box Bldg Room No if any Suite 450
Street 1225 Franklin Avenue
City Garden City
State New York ZIP Code + 4 11530

14 a Nature of payment

Attended the Colleran O Hara & Mills golf outing-business/social function The value of which was \$276 The expense was reimbursed to Colleran O Hara & Mills LLP by my employer the Enterprise assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

\$276

Name of Person Filing Charles Krass

File Number U

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name Steamfitting Industry Promotion Fund

Trade Name if any

P O Box Bldg Room No if any

Street 44 West 28th St

City New York

State New York ZIP Code + 4 10001

14 a Nature of payment

Attended the Steamfitting Industry Promotion Fund golf outing The value was \$415 The amount was reimbursed to the Steamfitting Industry Promotion Fund by my employer the Enterprise Assn of Steamfitters Local 638

13 b Is the Business an Employer ☒ or Consultant ☐ ?**14 b Amount of payment**

\$415

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment****C Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)**

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment**13 b Is the Business an Employer** ☐ or Consultant ☐ ?**14 b Amount of payment**

Name of Person Filing Charles Krass

File Number U

Part A Continuation Page

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters Industry Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 5 Penn Plaza 19th Floor

City New York

State New York

ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Meal expense paid by Welfare Fund for two meetings held prior to regular union meetings The cost was \$150 The expense was reimbursed to the Steamfitters Industry Welfare Fund by my employer the Enterprise Association of Steamfitters Local 638

7 b Amount

\$150

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name Steamfitters Industry Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 5 Penn Plaza 19th Floor

City New York

State New York

ZIP Code + 4 10001

7 a Nature of Interest Transaction or Income

Attended apprentice graduation ceremony and dinner The cost was \$118 The expense was reimbursed by my employer the Enterprise Assn of Steamfitters Local 638

7 b Amount

\$118

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

7 a Nature of Interest Transaction or Income

7 b Amount